

Summer Camp Scholarship Program

Offers eligible families full and partial scholarships to attend Summer Day Camp

2023

The City of Gainesville - Parks, Recreation & Cultural Affairs offers reduced rate discounts and scholarships for those who meet the financial eligibility guidelines for free or reduced-price meals. Discounts and scholarships are for resident fees only, the non-resident differential fees are not eligible.

Scholarships are not always available and are dependent on various funding sources. When funds are available, the deadline to apply and lottery date will be announced on or about when registration opens. In order to qualify for a full scholarship, the child must meet the financial eligibility guidelines for free meals.

A complete Scholarship Application Form and supporting documents must be submitted in order to determine eligibility for any scholarship. A separate scholarship application must be filled out for each child. Applicants may only apply for one program site.

The total amount of full scholarships awarded will be allocated as evenly as possible to the program sites. To ensure fairness of full scholarship distribution, a lottery process may be utilized. If the number of applications does not exceed the funding available, then all qualified applications will be awarded a scholarship. If the number of applications does exceed the funding available, then a lottery will be used to determine who is awarded a scholarship.

Lottery Guidelines for Scholarship Program

Every application will be numbered in the order they are received. The number on the application is attached to the applicant's name through the entire process; no duplicate numbers are assigned to applications. A "Lottery Drawing Master List" will be created from all approved applicants. Through a random number selection process, the order will be established for awarding scholarships.

- No consideration will be given for siblings. Awarded scholarships via the lottery are by "luck of the draw" individually and may or may not select applicants in the same household.
- The waiting list order is established with the same random number selection process.
- If selected, the recipient will be enrolled at the program site listed on the application. If non-resident, the differential fees must still be paid.
- Within five days of selection and notification, families must confirm the recipients intent to use, or the award will be given to the next applicant on the waiting list.

Requirements of Scholarship Recipient

When scholarships are awarded, recipients must attend the activity/program on a full-time basis. Full time for summer camp programming equates to attendance three times per week. If the recipient misses five consecutive days, or two weeks without attending three days per week, then the scholarship will be revoked. The recipient may remain a registered participant by paying the full rate of the camp for the remainder of the desired camp sessions within two days of the decision. If the participant is not registered, then he/she will be withdrawn from the program. The remaining value for that scholarship will be offered to the next applicant on the waiting list. If no one accepts the scholarship, then the amount will remain with the scholarship fund. Scholarship fees are not transferable and have no cash value to the recipient.

Summer Camp Scholarship Program

**Application
Checklist**

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scholarships to attend Summer Day Camp

2023

- 1 Completed Scholarship Application Form
- 2 Completed Program Registration Form
- 3 Completed Participant Information Form
- 4 Proof of Kindergarten Completion (if applicable)
- 5 Proof of Residency (GRU Bill or Voter ID Card)
- 6 Verification of Financial Need and Guardianship (provide one of the following):
 - Proof of Free or Reduced-Price Meal Qualification (SBAC "Direct Certification Notice Letter")
 - Current DCF "Notice of Case Action" Letter for SNAP or TANF
 - The City of Gainesville "Family Application for Reduced Fees" (must include supporting documentation of Form W-2 or Notarized Letter of No Income)

Date Received: _____

Received By (Initials): _____

Scholarship Application Form

Application for scholarship is not a registration. Registration is first come, first serve and scholarship applicants are not guaranteed an enrollment spot. This form and copies of all supporting documents are due by May 18, 2023 at 5:00 p.m. for the 2023 Summer Day Camp programs.

Participant Name: _____ D.O.B: _____ Grade Level (2023-24): _____

Program Site (select one): Albert "Ray" Massey (Grades 1-5) Eastside (Grades 1-5) T.B. McPherson (Grades 6-8)

Activity Week(s) Request (select all that apply):

Week 1: June 5-9 Week 2: June 12-16 Week 3: June 19-23 Week 4: June 26-30

Week 5: July 3-7 Week 6: July 10-14 Week 7: July 17-21 Week 8: July 24-28

Parent/Guardian(s) Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Primary Email: _____

Secondary Email: _____

Household Size: _____

Office Use Only - Please attach all supporting documents.

City Resident or Non-City Resident (circle one)

Verification of Financial Need

Verification of Guardianship

Confirmed Household Size: _____

Lottery Number: _____

Application Status: Approved Denied

Program Site: _____

Reviewed By (Initials): _____

Program Information Please fill out following information *as applicable* to the program for which you are registering.

Program Name: _____ Program Location: _____

Session Number and/or Time: _____ Class Level: _____

▶ **PLEASE INITIAL (IF APPLICABLE):** I have completed the handbook/orientation requirements for this program. _____

Participant(s) Information

• **NEW CUSTOMERS** – Please complete all sections

• **RETURNING CUSTOMERS** – Please complete sections ① and ④ only.

Update section ② if any contact information has changed or is missing; check with staff while registering

①

Participant #1: _____

Male ___ Female ___ Age ___ Date of Birth ___/___/___ Grade ___

Indicate any allergies, medical, physical limitations or behavioral concerns: _____

Participant #2: _____

Male ___ Female ___ Age ___ Date of Birth ___/___/___ Grade ___

Indicate any allergies, medical, physical limitations or behavioral concerns: _____

②

Primary Guardian Name: _____

Date of Birth ___/___/___ Male ___ Female ___

Mailing Address _____

Physical Address _____

City _____ State ___ Zip _____

Home _____ Work _____

Cell _____ Carrier _____

I agree to receive text alerts.

Email: _____

I would like to receive emails about upcoming programs, events and specials.

Secondary Guardian Name: _____

Date of Birth ___/___/___ Male ___ Female ___

Mailing Address _____

Physical Address _____

City _____ State ___ Zip _____

Home _____ Work _____

Cell _____ Carrier _____

I agree to receive text alerts.

Email: _____

I would like to receive emails about upcoming programs, events and specials.

HOW DID YOU HEAR ABOUT US? _____

③ **Emergency Information** If I cannot be reached in the case of an emergency, I hereby give permission for immediate first aid care by the Parks, Recreation and Cultural Affairs personnel until a physician can be accessed. I hereby also give permission to the physician selected by the City of Gainesville Parks, Recreation, and Cultural Affairs Department's authorized personnel to hospitalize, secure proper treatment for, and approve medications/injections and/or surgery for my child.

1st Emergency Contact Information: If guardians aren't available

Name _____

Relationship _____ Phone _____

(Other) _____

2nd Emergency Contact Information: If guardians aren't available

Name _____

Relationship _____ Phone _____

(Other) _____

④ **Waiver Agreement**

I give permission for my child(ren) to participate in all programs and activities conducted by the City of Gainesville Parks, Recreation and Cultural Affairs Department, including field trips and transportation to and from the program/activity or field trip site, and certify that he/she is in good health and able to participate in all activities. I am fully aware of the risk inherent in such activities. I hereby indemnify and release the City of Gainesville, any of its elected or appointed officials, volunteers, employees, agents, and sponsors from any and all liability or claims, including attorney's fees, costs and injuries, which may be sustained by me or minor children on account of his/her participation in said programs or associated activities and events. I hereby give my consent to the City to secure and authorize such emergency medical treatment as my child might require while participating in the City's programs and activities. I also agree to pay all the costs and fees contingent on emergency medical care or treatment as secured or authorized under this consent. I give my permission for my child to be photographed and/or videotaped with his/her name to be used for publicity purposes for the City of Gainesville Parks, Recreation and Cultural Affairs Department. This waiver, release and indemnification form is completed and signed of my own personal free will and with full knowledge of its significance. I have read this release and understand all of its terms.

Signature of Parent/Guardian _____ Date _____

Information provided on this form may be subject to the State of Florida public records law (chap. 119.07, Fla. Stat.). Under this law, the City is required to provide access to and copies of a non-exempt public records upon request from a member of the public. This form, Document No. R16-09Rec, is a legal instrument approved by the City Attorney. Any deviations from its use should be authorized by the City Attorney.

FOR OFFICE USE Receipt Number _____

Residency Status: City Non-City

Participant Information Please fill out following information, *as applicable* to the program for which you are registering.

Participant Name: _____ Age: _____ M / F

Program Name: _____ Program Location: _____

Session Number and/or Time: _____ Class Level: _____

① Medical Alert

Please list any health concerns, limitations, restrictions, allergies and/or medical conditions that staff needs to be aware of?

My child carries an Epi-Pen and I have filled out the Request to Facilitate Medication form.

② Request to Facilitate Medication

The City of Gainesville is not responsible for administering medications. Arrangements must be made to have medications or any other medicinal needs administered by a parent/guardian. It is important that staff be made aware of any allergies or behavioral conditions that effect your child.

My child will need to self-administer medication.

Staff members are not permitted to administer medication however, staff can facilitate your child to self-administer medication. Please complete the Request to Facilitate Medication form on site when you drop off your child.

My child does not need to self-administer medication.

③ Authorized Release

I authorize the following person(s) to drop off and pick up my child from the program, activity or event sponsored by the City of Gainesville Parks, Recreation and Cultural Affairs Department. I understand and agree that a state or federally issued picture identification card will be required from the authorized person(s) prior to releasing my child into their custody. I further understand and agree that my child will not be released into the custody of any person(s) who are not listed as authorized.

Name: _____ Relationship to child: _____ Phone: (____) _____

Name: _____ Relationship to child: _____ Phone: (____) _____

Name: _____ Relationship to child: _____ Phone: (____) _____

Name: _____ Relationship to child: _____ Phone: (____) _____

Is your child authorized to sign themselves out of the program, activity or event sponsored by the City of Gainesville Parks, Recreation and Cultural Affairs Department?

Yes, I authorize permission.

I authorize permission to release my child from staff supervision and consent to allow my child to walk home without parental supervision from the program, activity or event sponsored by the City of Gainesville Parks, Recreation and Cultural Affairs Department.

No, I do not authorize permission.

④ Field Trip and Movie Permissions

I authorize permission for my child to participate in off-site trips at the program, activity or event sponsored by the City of Gainesville Parks, Recreation and Cultural Affairs Department.

Yes, I authorize permission.

No, I do not authorize permission.

I authorize permission for my child to watch movies based on the selected ratings below at the program, activity or event sponsored by the City of Gainesville Parks, Recreation and Cultural Affairs Department.

Yes, I authorize permission to watch PG rated movies.

Yes, I authorize permission to watch PG-13 rated movies.

No, I do not authorize permission.

FAMILY APPLICATION FOR REDUCED FEES

CITY OF GAINESVILLE
Parks, Recreation and Cultural Affairs

TO APPLY FOR REDUCED FEES **COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD.** FOLLOW THE INSTRUCTIONS BELOW, SIGN YOUR NAME, DATE AND RETURN ONE COMPLETED APPLICATION.

<p style="text-align: center;">PART 1 STUDENT INFORMATION ALL HOUSEHOLDS COMPLETE THIS PART.</p> <p>Print name, grade and school for ALL the children for which you are applying. Please attach additional sheet if needed.</p>	<p style="text-align: center;">PART 2 HOUSEHOLDS RECEIVING SNAP OR TANF must list a current SNAP or TANF case number (10 digits) for any household member. This is not the number on the card. Complete this part and Part 5, do not complete Part 3 or 4</p>
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STUDENT NUMBER <i>(School Use Only)</i> NUMBER	LEGAL NAMES LAST	FIRST	MIDDLE (PART 1)	GRADE	SCHOOL	SNAP OR TANF (PART 2)

PART 3 - HOUSEHOLD WITH A FOSTER CHILD:(COMPLETE THIS PART AND PART 5) A FOSTER CHILD IS A CHILD WHO IS THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT. **IF THIS IS A FOSTER CHILD, CHECK THIS BOX** YOU MUST SIGN THIS FORM **BUT YOU DO NOT NEED TO GIVE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER** (Skip to Section 5).

PART 4 - HOUSEHOLD MEMBERS AND GROSS INCOME: (1) Write the names of **ALL** persons in your household, whether they receive income or not. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. (2) Write the amount of income each household member receives & how often income is received **BEFORE** taxes or anything else is taken out, listing it in the column that shows where it came from: earnings, welfare, pensions, other income. Income is **ANY** money received.

NAMES List the names of everyone in your household. <i>(Include the children listed above)</i>	Income and how often it is received by everyone in the household. Example: \$100/Weekly = <u>W</u> \$100/Biweekly = <u>B</u> \$100/ Twice a month = <u>T</u> \$100/Monthly = <u>M</u> \$100/Annually = <u>A</u>				Only migrant, self employed, and Seasonal workers may report annual
CHECK if NO INCOME	Gross Income & Frequency Earnings (before deductions) From Main Job	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	2nd Job or Any Other Income	
SAMPLE					
1 Daizie Mae Jones	<input type="checkbox"/>	\$200.00 / W	\$ 25.00 / B	Amount / How often	Amount / How often
2	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /
3	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /
4	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /
5	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /
6	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /
7	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /
8	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /

PART 5 - SIGNATURE AND SOCIAL SECURITY NUMBER: An adult household member **MUST SIGN** the application before it can be approved. **PENALTIES FOR MISREPRESENTATION:** I certify (promise) that all information on this application is true and correct and that all income is reported. I understand that officials may verify the information on the application. I understand that if I purposely give false information, my participation in the program may be terminated.

SIGNATURE OF ADULT HOUSEHOLD MEMBER: _____

Printed Name: _____

Home Telephone Number: _____ Work Telephone Number: _____

Mailing Address: _____ City: _____ Zip Code: _____ Date Signed: _____

OFFICE USE ONLY – DO NOT WRITE IN THE SPACE BELOW.

Approved: _____ Total Income _____ W B T M A

Denied: _____ Household size: _____

Status Added to Account on: _____

Signature/Initials of Determining Official